

# Texas WIC Medical Request for Therapeutic Formula

The Texas WIC Program encourages mothers to breastfeed their babies for the first year of life, with the addition of complementary foods around six months. When infant formula is necessary or requested, WIC provides contracted formulas or requires a medical request for therapeutic formulas.

*All requests are subject to approval and provision based on federal and state policies of the WIC Program.*

**Effective 10/1/2022**

## Available without medical request:

Enfamil Infant  
Similac Soy Isomil  
Enfamil Gentlease  
Enfamil Reguline  
Enfamil A.R.

## Texas WIC does not provide:

Enfamil Enspire products  
Enfamil NeuroPro powder  
Enfamil A2, Organic or ProSobee  
Comparable generic, Gerber or Similac brands  
(except Similac Soy Isomil)

*All formula requests for children over age 1 require a medical request.*

A full list of available therapeutic formulas is available at: [texaswic.org/health-partners/formula-prescriptions](https://texaswic.org/health-partners/formula-prescriptions). WIC is a supplemental nutrition program. Families may need additional formula beyond what WIC provides.

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## Resources for Parents

### **Preparing Formula**

Scan this QR code with your phone's camera for instructions on safe formula preparation.



### **Breastfeeding Help**

Ask to speak to the breastfeeding peer counselor at your WIC office. For 24/7 help, call 855-550-6667.

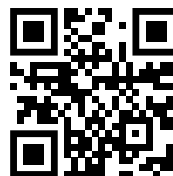
### **Additional Resources**

Call 211 or visit [211Texas.org](https://211Texas.org) if you need assistance beyond what is provided by the WIC Program.

## Recursos para Padres de Familia

### **Preparando la Fórmula**

Para conocer las instrucciones de cómo preparar la fórmula de forma segura, escanea este código QR con la cámara de tu teléfono.



### **Ayuda para Amamantar**

Pide hablar con una consejera de lactancia materna en tu oficina WIC. Para asistencia durante las 24/7, llama al 855-550-6667.

### **Recursos adicionales**

Si necesitas mayor ayuda de la que te ofrece el programa WIC, llama al 211 o visita [211Texas.org](https://211Texas.org).

For more information, visit [TexasWIC.org](https://TexasWIC.org)  
Para mayor información, visita [TexasWIC.org](https://TexasWIC.org)

# Texas WIC Medical Request for Therapeutic Formula

## 1. Patient Information

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Guardian Name: \_\_\_\_\_  
Date of measurements: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Weeks gestation \_\_\_\_\_ Birth weight \_\_\_\_\_

## 2. (Optional) Lactation Support

- Breast pump
- Breastfeeding support
- Latch assistance

24/7 IBCLC help available via Texas Lactation Support  
Hotline: 855-550-6667

## 3. Formula Requested

Formula Name: \_\_\_\_\_  
\_\_\_\_\_ Cans/Day or \_\_\_\_\_ Ounces/Day  
WIC may provide the maximum allowed unless a lesser amount is indicated or when formula is supplemental to breastfeeding.

## 4. Length Prescribed

- 3 Months
  - 6 Months
  - 12 Months
- Other: \_\_\_\_\_

## 5. Qualifying Condition

- |                                                                                    |                                                                      |                                                                                   |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> cardiovascular condition                                  | <input type="checkbox"/> condition that impairs digestion/absorption | <input type="checkbox"/> tube feeding                                             |
| <input type="checkbox"/> developmental delays (sensory and motor)                  | <input type="checkbox"/> inadequate growth                           | <input type="checkbox"/> other medical condition:<br>_____                        |
| <input type="checkbox"/> food allergies (cow's milk, soy, or intact protein)/FPIES | <input type="checkbox"/> oral motor feeding issues/aversions         | Formula cannot be provided to manage body weight without an underlying condition. |
| <input type="checkbox"/> FTT                                                       | <input type="checkbox"/> prematurity/LBW                             |                                                                                   |
| <input type="checkbox"/> GER/GERD                                                  | <input type="checkbox"/> renal disease/low mineral condition         |                                                                                   |
| <input type="checkbox"/> GI Disorder                                               | <input type="checkbox"/> respiratory condition                       |                                                                                   |

## 6. Supplemental Foods *WIC RD/nutritionist will determine food package unless denoted otherwise.*

### Infants 6 to 11 months of age:

Check foods to **remove** from food package

- infant cereal
- baby foods

### Check if desired:

- formula only, no foods  
(due to inability or delay in consuming solids)

### Children 12 months of age and older and women:

Check foods to **remove** from food package

- milk  yogurt  eggs  juice  peanut butter
- cheese  whole grains  cereal  beans
- fruits and vegetables

### Check if desired:

- provide baby foods and infant cereal
- formula only, no foods

## 7. Healthcare Provider Information

Signature/Stamp: \_\_\_\_\_  MD  DO  NP  PA-C Date: \_\_\_\_\_  
Name (print): \_\_\_\_\_ Facility Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**For WIC Use Only** – Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

